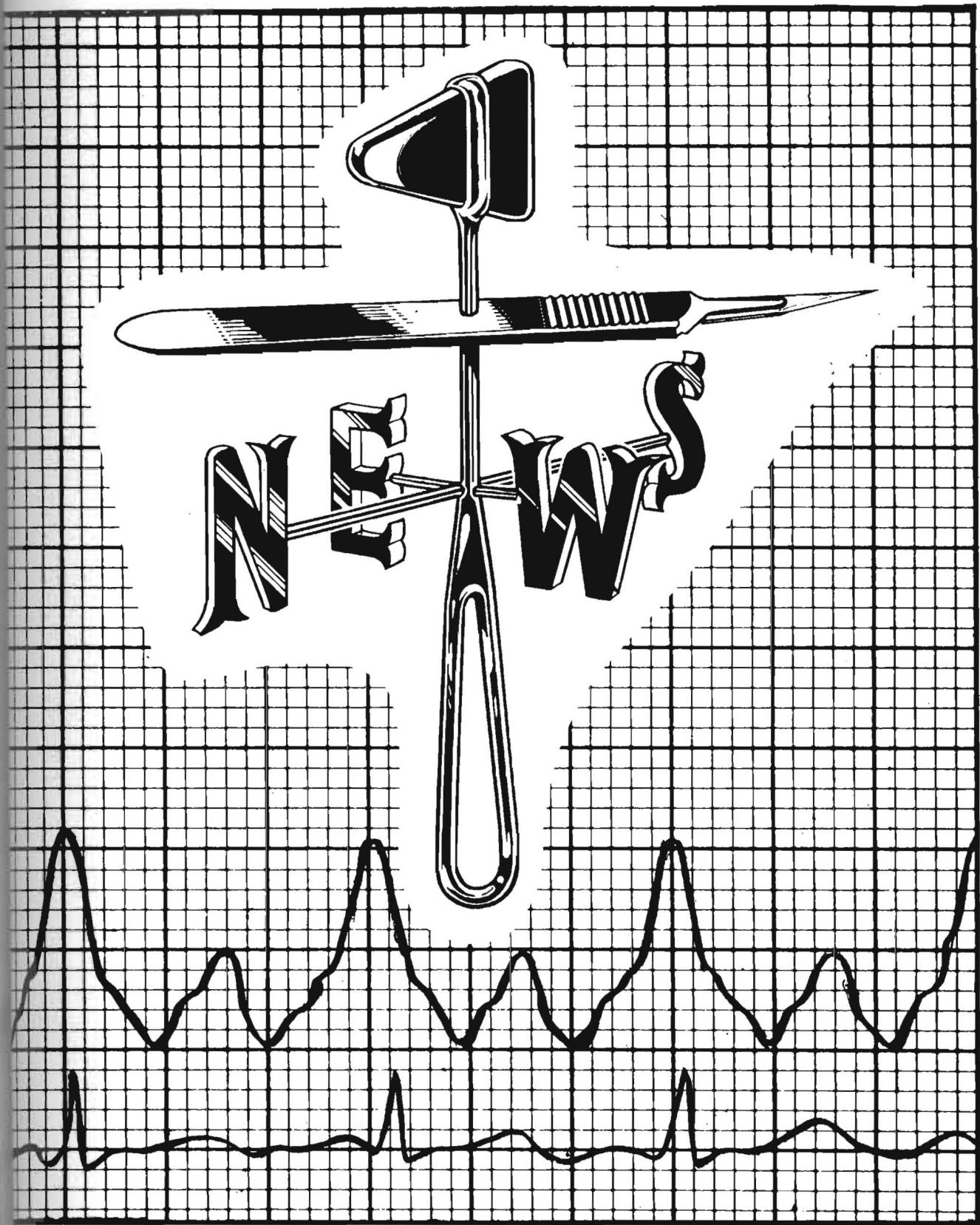
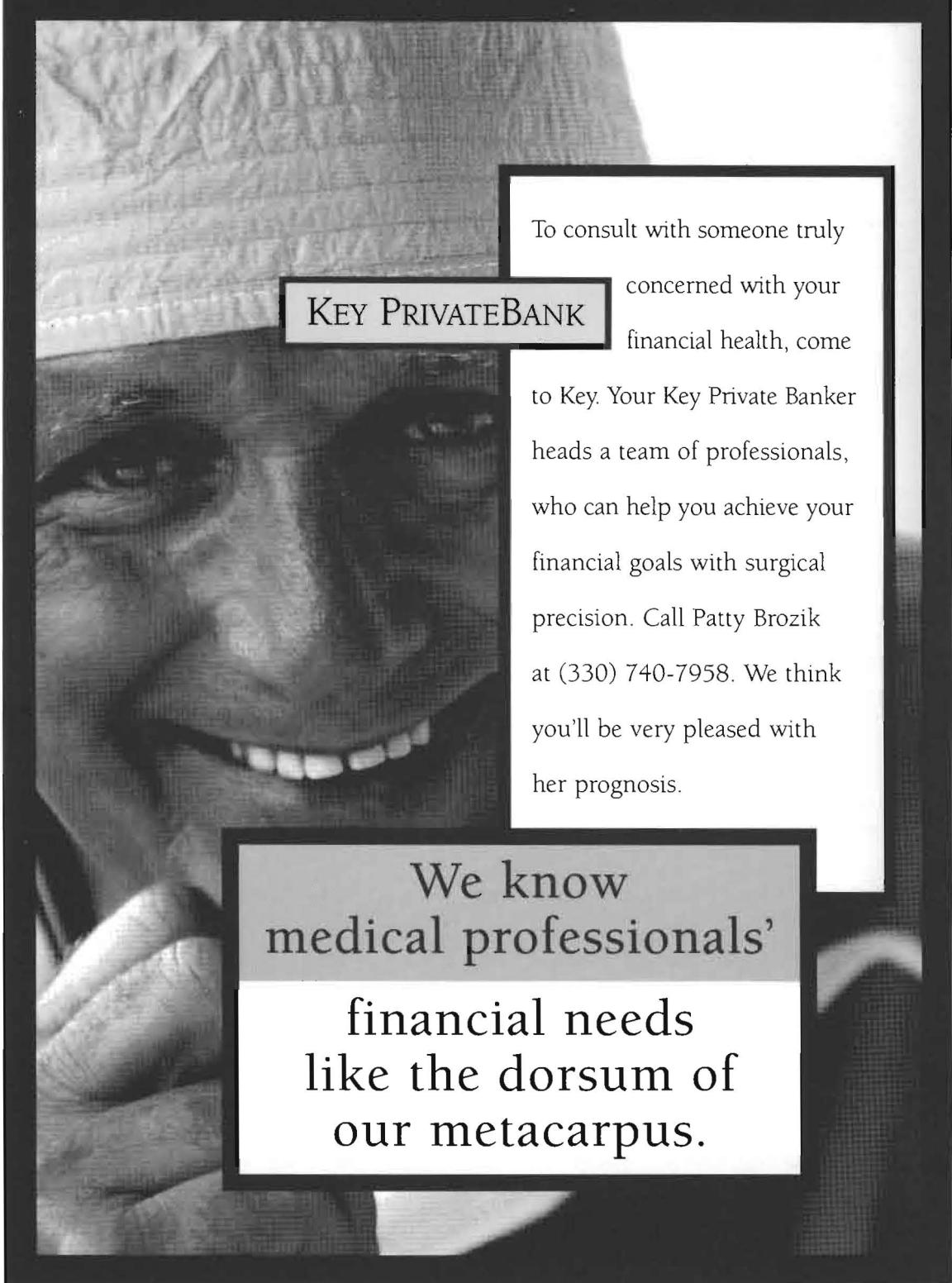


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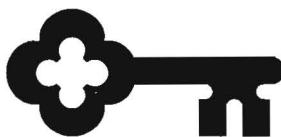


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Dear Members,

As most of you know, this marks my final *Bulletin* for the Mahoning County Medical Society. My 13 years as Executive Director have been both challenging and gratifying. It has been especially rewarding to work side by side with so many wonderful physicians, Alliance members, other Executive Directors, and the staff of the State Medical Board, the OSMA and the OSMA Insurance Agency. I was particularly pleased to implement various programs that increased the Society's community presence and the professionalism of our members.

Though I am looking forward to the many opportunities that retirement will bring, I also look forward to watching the Society prosper for many years to come.



BULLETIN

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Editor RONALD DWINNELLIS, MD

Managing Editor ELEANOR PERSHING *Editorial Board* DENISE L. BOBOVNYIK, MD
CHRIS A. KNIGHT, MD RONALD M. YARAB, MD

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Nostalgia, Health Care Delivery and Chronic Disease Management

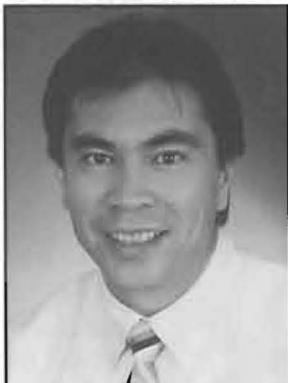
EVERY NOW AND THEN, A SENSE OF MEDICAL SCHOOL NOSTALGIA CONSUMES MY SOUL. USUALLY THIS EPHEMERAL PROCESS IS A consequence of some song or tune from the late 70s. I, however, do not take them lightly. Instead of casting a subdued mood upon me, this period of reminiscence seems to always have a paradoxical influence—I actually savor those moments that remind me of the rigors of studying—the endless sleep-deprived nights, and constant memorization and regurgitation of some obscure esoteric information!

But, that was over 20 years ago and a lot of things have changed including my mode of medical practice. Until recently, I approached the art of medicine the way I was trained and the way most of my colleagues do, namely:

The patient gets sick→comes to the office→problem is analyzed→medication and advice are provided→follow-up instructions are given.

Very rarely do we spend time with patients reviewing comprehensive health education, or conveying the importance of self-management goals—i.e. empowering the patient with knowledge and skills to care for themselves. We simply do not have time and besides, the current reimbursement system is prohibitive. Despite the advent of managed care and its proposal to deliver more cost-effective medical care and to

Ronald Dwinnells, MD



R Dwinnells

emphasize prevention, most reimbursement structures are still based on the concept of "band-aid" medicine—fix the problem when it breaks instead of preventive health maintenance and education.

About a year ago, my colleagues and I at YCHC, Inc. (the Youngstown Community Health Center) became one of approximately 100 community health centers in the nation to be accepted into the National Diabetes Collaborative Initiative sponsored by the Bureau of Primary Health Care.

The program goal is to eliminate the nation's health disparities and to ensure access to quality primary care for racial and ethnic minorities and for the medically underserved. The goals and measures of this project are evidence-based and similar to national measurement systems (HEDIS, the Diabetes Quality Improvement Project, and the American Diabetes Association Provider Recognition Program) in the health care industry.

For physicians, this is a program that encourages quite a different method of practicing and delivering health care. Instead of the previously-mentioned conventional methodology of health care delivery, this program emphasizes an organizational approach to caring for people with chronic diseases in a primary care setting. The chronic care model and the improvement model are the cornerstones of this program. The first model emphasizes evidence-based, planned, and integrated collaborative chronic care systems. The improvement model provides a process to improve the quality of care at an accelerated pace. Empowering individuals and giving them more responsibility to manage their chronic illness is a priority.

As a physician, I immediately embraced the idea and felt this methodology would one day become the state-of-the-art model for chronic illness management. But, as the CEO of my organization, I had some reservations regarding the financial output that would be initially required.

continued on page 9

MCMS Annual Meeting Held

THE ANNUAL MEETING OF THE MAHONING COUNTY MEDICAL SOCIETY WAS HELD JANUARY 22ND. AMONG THE NEW officers installed at that meeting was Dr. Eugene Potesta, the Society's 130th president. Product displays were provided by Greg Kreiger and Pat Bundy of Optioncare; David Delida of Pfizer Pharmaceuticals; and Lloyd Peck and John Fause of Stillson & Donahay Insurance Agency.

The business meeting was conducted by outgoing president Dr. Ronald Yarab. The members paused for a moment of silence in remembrance of the following members who passed away last year: Drs. Hugh Bennett, Kenneth Camp, Sanford Gaylord, John LaManna, Sr., Cary Peabody, and Chatrchai Watanakunakorn.

The Society acknowledged the following past presidents who were in attendance: Drs. Rashid Abdu, Denise Bobovnyik, Jane Butterworth, Y.T. Chiu, James Dallis, Gabriel DeCicco, Thomas Detesco, Robert Fisher, Daniel Handel, Henry Holden, Robert Jenkins, Chris Knight, Eric Svenson, Janardan Tallam, and Hai Shiu Wang. The Society also recognized Susan Yarab, past president of the Alliance, who was in attendance.

Representing the OSMA, secretary/treasurer Dr. Chris Knight presented the association's *50 Years in Medicine* award to Dr. George B. Pugh. This year's other recipient, Dr. Renee Cossette was unable to attend.

The *Distinguished Physician* award was presented posthumously to Dr. Chatrchai Watanakunakorn. Following comments by Dr. Wang, Dr. Yarab presented a plaque to Dr. Watanakunakorn's wife Eleanor. His son and daughter-in-law Dr. & Mrs. Paul Watanakunakorn were also in attendance.

Dr. Anand Garg also received the *Distinguished Physician* award this year. Following comments made by Dr. Kohli, the plaque was presented by Dr. Yarab.

Dr. Janardan Tallam, chairperson of the nomination committee, gave the following nominations report:

President-Elect	Marc S. Saunders, DO
Secretary/Treasurer	Janardan R. Tallam, MD
Delegates to the OSMA (2 to elect)	Denise Bobovnyik, MD
Alternate Delegates to the OSMA (2 to elect)	Chander Kohli, MD
Council Members-at-Large (3 to elect)	James E. Boniface, MD Erdal Sarac, MD
Foundation Trustees (3 to elect)	Mark Hirko, MD Bhagwat Patel, MD Richard Marina, MD Rashid Abdu, MD James Stille, MD C. Connor White, MD

Dr. Tallam also conducted the election, and the 2002 slate of officers was elected by acclamation.

The installation of officers was conducted by Dr. Chris Knight. Afterwards, Dr. Yarab presented the president's gavel to incoming president Dr. Eugene Potesta. Dr. Potesta then presented Dr. Yarab with the president's plaque and pin.

Dr. Yarab acknowledged the outgoing members of Council Drs. Sudershan Garg and Joel Siegal. He also recognized *Bulletin* contributors Dr. Ronald Dwinnells, editor; Dr. Robert & Mary Jane Jenkins, society photographers; and Dr. John Melnick, columnist.

Dr. Denise Bobovnyik presented executive director Eleanor Pershing with a dozen roses, announcing that a retirement dinner would be held in her honor February 28th, at the Tippecanoe Country Club in Boardman.

Following the summary of his year in office, Dr. Yarab turned the meeting over to Dr. Potesta who discussed his plans for the coming year.

Dr. Potesta noted upcoming events, including the OSMA Legislative Day in Columbus on February 26th, which will include a luncheon and discussions with the legislators, and the International Dinner hosted by the Alliance, which will be held Friday, March 22nd at the Tippecanoe Country Club. Following announcements, the meeting was adjourned.

Dr. Potesta installed as Society President

DR. EUGENE L. POTESTA, JR. WAS INSTALLED AS THE 130TH PRESIDENT OF THE MCMS AT THE SOCIETY'S JANUARY MEETING.

A Youngstown native, Dr. Potesta graduated summa cum laude from Kent State University - Honors College and received his doctor of medicine degree from Northeastern Ohio Universities College of Medicine. He completed both his internship in general surgery and his residency in otolaryngology at Henry Ford Hospital in Detroit, Michigan.

A board-certified otolaryngologist, Dr. Potesta has been a partner with Fifth Avenue Otolaryngologists since 1991. He is on active staff at St. Elizabeth Health Center, and currently serves as chairman of the EENT Department. He is a member of the Humility of Mary Health Part-



Dr. Potesta

ners Human Resources Committee of the Board of Directors.

Dr. Potesta serves on the Board of Directors for the Youngstown Hearing & Speech Center, and is an alternate delegate to the OSMA for the Sixth District.

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Credentials will be reviewed beginning March 1, 2002 and will be accepted until the position is filled.



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Dr. Anand Garg named “Distinguished Physician”

DR. ANAND GOPAL GARG, RECIPIENT OF THE DISTINGUISHED PHYSICIAN AWARD, HAS BEEN DESCRIBED AS A MAN OF honor, compassion, and sincerity who has exemplified the spirit of this award by his service to patients, his family, and the community.

Born in India, Dr. Garg received his medical degree from S.N. Medical College at India's Agra University, and later received his PhD in neurosurgery from Queens University Medical School of Belfast in the UK.

After coming to the United States in 1969, he moved to the Youngstown area in 1976 and set up a private practice in neurosurgery in association with Dr. Hira Khanna, which he maintained until his retirement in the year 2000. He holds membership in the AMA and OSMA, and is a past council member of the Mahoning County Medical Society.

A member of the State Medical Board of Ohio since 1991, Dr. Garg has served as Secretary of the Medical Board since 1997, and is a past president (1995). He has served on various committees and has chaired a number of them, including the Education Committee, Quality Assurance Committee, and Minimal Standards Committee. In 2001 he was reappointed to a third term on the Board.

Over the years, Dr. Garg has received numerous awards, including the India Association of Greater Youngstown's 1996 "Man of the Decade" award and the 1996 Governor's Recognition Award. He is the 2001 recipient of FORUM Health System's Leadership Award. Dr. Garg is a Fellow of both the International College of Surgeons and the American College of International Physicians.

From 1988-2001 Dr. Garg served on the executive committee of Western Reserve Care System. He previously served as president of that organization and as a member of their Board of Trustees.

Dr. Garg is a past president and chairman of the Board of Trustees of the American College of International Physicians. He is secretary/treasurer of the American Association of South Asian Neurosurgeons, a position he has held since 1995.

Dr. Garg has served on the Board of Directors for both Society Bank, which is now a part of Keycorp, and the regional MRI center.

Dr. Garg and his wife Maureen now reside in Avon, Ohio. They are the parents of three adult daughters; Savita and Asha, who are both physicians, and Anjula, who is completing law school.



Anand Gopal Garg, MD

“50 Years in Medicine” Award

THE OSMA RECOGNIZED TWO PHYSICIANS WHO HAD REACHED THE MILESTONE OF 50 YEARS IN MEDICINE THIS YEAR: DR. Renee Cossette and Dr. George B. Pugh.

Dr. Rene Cossette was born in Quebec, Canada in 1925.

He attended St. Joseph College and received his medical degree at Laval University (Quebec) in 1951. He interned at Quebec Hospital and took his residency in general surgery at St. Elizabeth Hospital.

Returning to Canada, he practiced three years in Grandmère before settling in Youngstown, where he established his office. He also was on the staff at St. Elizabeth Hospital. Dr. Cossette retired from general surgery in 1991.

A native of Ellwood City, PA, Dr. Pugh moved to the Youngstown area in 1930. He

graduated from Culver Military Academy in 1942 and went to Lafayette College for his premedical studies. In 1951 Dr. Pugh received his M.D. from Cornell University Medical College. He served his internship at the University Hospital of Cleveland, followed by three years at the Kresge Eye Institute (Wayne University) and the City of Detroit Hospital.

In 1955 Dr. Pugh went into practice with Drs. Elmer Wenaas and Charles Sterzbach. Nearly 10 years later, Dr. Pugh, along with Dr. Wenaas and Dr. Albert Cinelli, formed Eye Care Associates. The first corneal transplant performed in Youngstown was done by Dr. Pugh and Dr. Paul Ruth.

Dr. Pugh served as president of the Youngstown Hospital Association clinical staff in 1972. He retired in 1994.

Society Meeting Held



(L to R) Pamela Hashem, Dr. Ronald Yarab

Pamela Hashem, associate director of legislation for the OSMA was the speaker when members and guests met September 25, 2001 at the Holiday Inn, Boardman. Her topic of discussion was the Health Insurance Portability and Accountability Act (HIPAA), and she noted that while the deadline for implementation of the new

policies and procedures is April of 2003, it is not too early for physicians to become educated on this important topic.

Society President Dr. Ronald Yarab presided over the business meeting. It was noted that the election and installation of officers would take place at the January 22nd, 2002 meeting. Nominating Committee members included Drs. John Dunne, Mark Hirko, Robert Lewis, Eugene Potesta, Janardan Tallam, and Ronald Yarab.

An announcement was made that Eleanor Pershing, executive director, would be retiring at the end of the year after 13 years of service. The Search Committee (Drs. Potesta, Tallam, and Yarab) is in the process of interviewing candidates for the position. It was noted that begin-

ning in January 2002, the duties of the secretary/bookkeeper would be combined with those of the executive director so that the MCMS office would become a one-person office.

Product displays were provided by the Ohio State Medical Association Insurance Agency, represented by Edward Hassay of Insurance Buyers Service; and Solvay Pharmaceuticals, represented by Judi Blazek, Lisa Cooper, and Anthony Orologas.

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From the Desk of the Editor

continued from pg. 4

For example, in order for my organization to participate, a substantial amount of non-patient encounter-time would be required of our physicians, along with consumption of valuable and limited financial resources.

Our decision to participate in the program was fueled by a stronger "do-good" physician intuition. A team consisting of an internist, dentist, a nurse and myself was formed. Soon, a medical student, hired to enter and maintain data into an electronic registry (DEMS), joined the team.

Several meetings with providers and other health care personnel ensued to assure success of the program. Key outcome measures and ongoing data were monitored with regular feedback to the group. When the medical student returned to school in early fall, a health educator replaced her – taking over data input, coordinating the program and teaching self-management goals to our patients. The program was off to a resounding success with improvements in outcomes almost immediately evident—corroborating the effectiveness of this initiative.

So what about the financial dilemma? Initially, there were no funding sources available to support the project other than the Bureau's support to subsidize required national and regional learning sessions scheduled quarterly. But, much to our delight, financing soon became a moot point. Because our outcome measurements were so impressive, a \$25,000 CDBG grant was awarded from the city of Youngstown and we soon shared a half-million dollar grant with Forum Health to expand the program to other health facilities in Youngstown and Warren. But, most importantly, we were delivering a very high quality medical care to our patients. To attest this fact, consider the following key clinical measures that were tracked:

	Baseline (1/01)	Present (2/02)
% of DM with 2 Hgb Alc in 12 month	10.7%	50.0%
% of DM with 1 Hgb Alc in 12 month	47.5%	89.1%
Hgb Alc	8.7% (Avg.)	8.3% (2nd Alc)
% of Pts. with Self-management goal:	9.8%	90.6%
% of Pts. with LEAP foot exam	31.1%	72.5%
% of Pts. with dental exams in last 12 mo.	13.9%	71.7%

These results are quite remarkable, considering that most of our patient population comes from disadvantaged economic and social backgrounds.

Thus, this brief commentary brings me back to the notion of nostalgia, medical education and what we learned during those long arduous hours. No matter how powerful the nostalgia, progress and changes are always inevitable. Physicians need to be thankful that a solid knowledge base exists to make reasonable and intelligent decisions on how we practice medicine. Therefore, to be a responsible and good physician, I believe we need to keep our minds open and relish in our role as leaders for change, no matter how strongly our feelings or nostalgia affect our psyche.

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Dr. Chatrchai Watanakunakorn receives “Distinguished Physician” Award

DR. CHATRCHAI WATANAKUNAKORN WAS HONORED POSTHUMOUSLY WITH THE PRESENTATION OF THE *Distinguished Physician* award at the Society's Annual Meeting. The award was received by his wife Eleanor, with his son and daughter-in-law Dr. & Mrs. Paul Watanakunakorn also attending the meeting.

Dr. Watanakunakorn was the first infectious disease specialist practicing in Youngstown, where he engaged in the clinical practice of infectious disease, teaching and hospital epidemiology at St. Elizabeth Health Center. He earned a reputation as an extremely well-respected, knowledgeable and compassionate physician within the community.

Dr. Watanakunakorn received his medical degree from the University of Medical Sciences, Chulalongkorn Hospital Medical School in Bangkok Thailand. He completed his fellowship in infectious diseases at the University of Cincinnati under the late Morton Hamburger, M.D., from whom he acquired a lifelong interest in infective endocarditis and staphylococcal infections, fields in which he was regarded as a world expert.

Dr. Watanakunakorn was a professor of Internal Medicine at Northeastern Ohio Universities College of Medicine, where he also chaired and served on several committees. In 1994, he received the College's Liebelt/Wheeler Award for Faculty Excellence, and in 1999 he received the Dean's Award for Exceptional Service to the College of Medicine.

In 1994 Dr. Watanakunakorn received the Master Teacher Award from the Ohio Chapter of the American College of Physicians. In 1995 he received the Distinguished International Physicians Award of the American College of International Physicians. In 2000 he received the Clinician Award from the Infectious Diseases Society of America. He published more than 290 medical journal articles and book chapters.

Dr. Watanakunakorn was a Master of the American College of Physicians - American Society of Internal Medicine and a Fellow of the Infectious Diseases Society of America, the American College of Chest Physicians and the American College of International Physicians. He served on committees and as an expert consultant of numerous organizations, including the American Heart Association, March of Dimes Birth Defect Foundation, Veteran's Administration and the New York Academy of Sciences.

Renowned as a lecturer, Dr. Watanakunakorn delivered lectures to medical professionals all over the world.



Dr. Watanakunakorn

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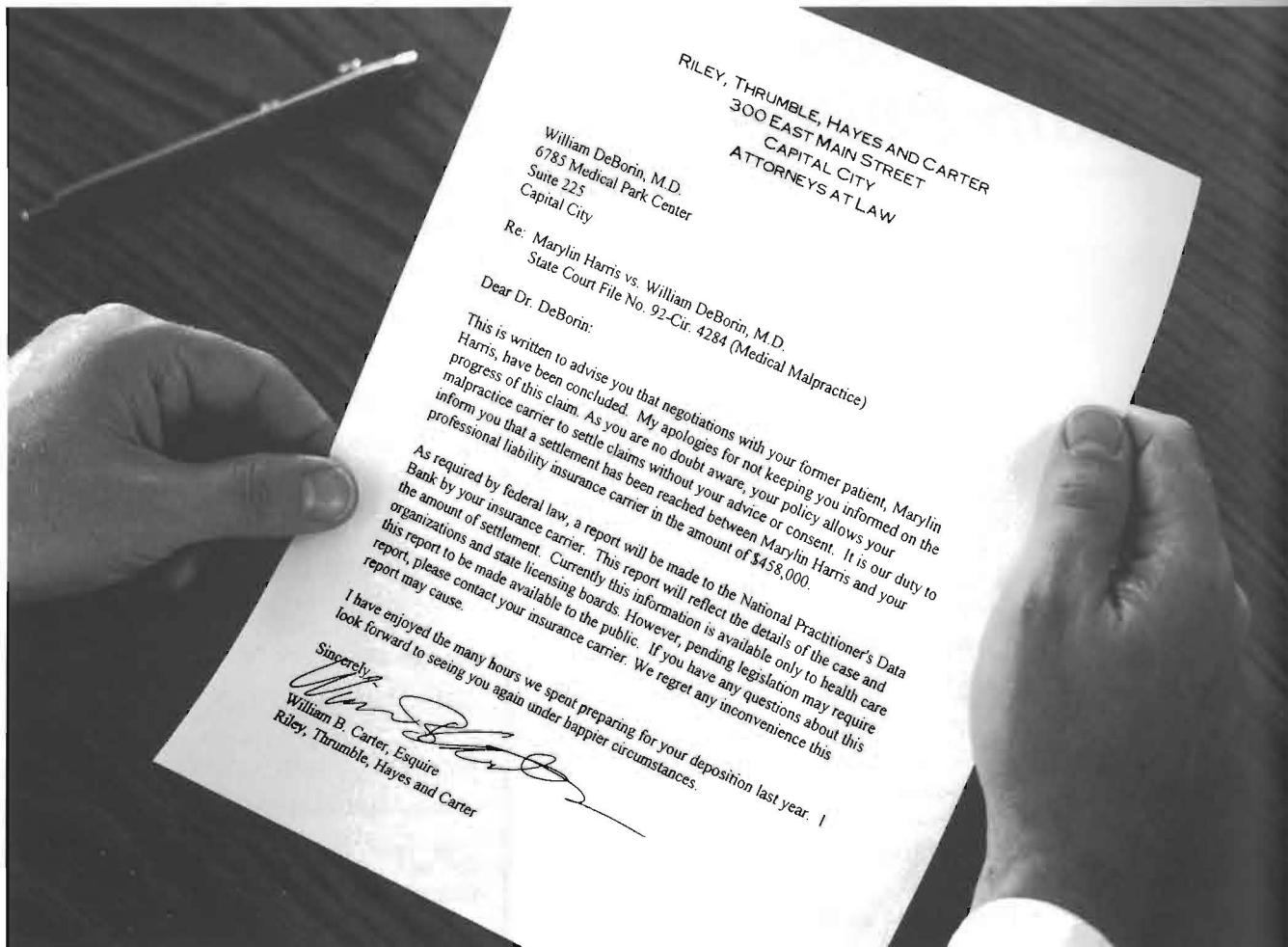
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Notes From The Editor

I was recently informed that this would be the last issue of the *Bulletin* of the Mahoning County Medical Society. Certainly, I have derived a great deal of pleasure working on the *Bulletin* with our Executive Director, Eleanor Pershing the past three years. Her hard work and contributions to this periodical have always been much appreciated. Also, everyone that has had input into this *Bulletin* should be commended.

With this issue, I wrote about a different concept in the way we practice medicine. I suppose it is more case management oriented, but it works. Please review it. I think it would be worthwhile, just to explore a whole different way to manage medical care delivery.

Eleanor and I recently had an opportunity to visit Paisley House. It was truly a wonderful and charming experience so I decided to do the community advocate article on this very worthwhile organization.

As with all of our publications, we have once again inserted an article from Joel Blau. It cer-

tainly is a timely article given the difficulties we are facing as a nation.

Finally, I would like to extend Eleanor Pershing best wishes for all her future endeavors. If you were not aware, she has retired from her position as Executive Director of the Mahoning County Medical Society at the end of December. Her dedication, experience and hard work for the Society have certainly not gone unnoticed. Good luck, Eleanor!

To contact either the Society or myself for feedback, our addresses, phone numbers, and e-mails are:

Mahoning County Medical Society
7355 California Avenue, Suite 3
Boardman, Ohio 44512
330-758-1624 • Fax 330-758-1805
e-mail: mcms@cboss.com

Ron Dwinnells, MD
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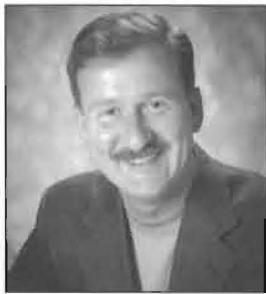
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Annual Summary of Infectious Diseases in Mahoning County, 2000

ANTHRAX CONCERNS HAVE HIGHLIGHTED THE NEED FOR BETTER COMMUNICATION BETWEEN MEDICINE AND public health in our community. Federal, state and local public health authorities rely heavily on the U.S. Centers for Disease Control and Prevention Health Alert Network (HAN) for quick dissemination of information about emerging public health threats like anthrax.

Physicians in our community who would like to receive Health Alert Network information about anthrax and other potential bioterrorism agents should contact me at ms Stefanak@mahoning-health.org. Earlier this month, I mailed guidelines for recognition, reporting, and management of diseases potentially linked to bioterrorism agents to hundreds of physicians in Mahoning County. I would strongly recommend that you also review information for clinicians about anthrax and other bioterrorism agents found on the CDC bioterrorism site at www.bt.cdc.gov.

We wish to acknowledge the assistance of Russ Henshaw, Ellen Salehi, and others from the Ohio Department of Health Infectious Disease Surveillance staff in compiling disease reports for 2000.



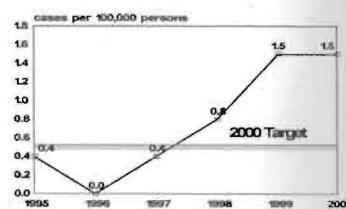
Matthew A.
Stefanak, M.P.H.
Mahoning County Health
Commissioner

We are pleased to present this third in a series of annual infectious disease summaries in which we characterize disease reports for the year, offer commentary on some emerging pathogens and diseases of ongoing concern to the community, and provide current requirements and guidance for disease reporting.

Food-borne illnesses

Food-related diseases continue to be the second most commonly reported communicable diseases after sexually-transmitted diseases. In 1999, 33 cases caused by *Salmonella* species, *Listeria monocytogenes*, *Campylobacter jejuni*, and *E. coli O157:H7* were reported in Mahoning County, an increase of 5 cases from the previous year. Listeriosis incidence did not change in 2000. Consequently, Mahoning County did not meet the Healthy People 2000 objective for reducing listeriosis incidence (Figure 1). Other foodborne disease rates remained well below 2000 targets. Although the actual number of listeriosis cases is low, invasive disease is particularly serious for immunocompromised individuals, pregnant women and their fetuses and neonates, and the elderly.

Figure 1: Listeriosis in Mahoning Co.



Rabies

The number of animal rabies cases declined from a high of 48 in 1997 to one in 2000, demonstrating the effectiveness of the twice-yearly oral vaccine baiting of the raccoon population to control epizootic rabies.

Animal bites are reportable in Ohio and must be reported to the local board of health in order to ascertain the risk of rabies transmission and recommend post-exposure prophylaxis. The rate of animal bites and exposures has increased in Youngstown almost every year during the 1990s (Figure 2).

Managing bat encounters and rabies risk is a particular challenge. Most of the human deaths from rabies in the United States in recent years have been due to infection with bat variants of the rabies virus. Consequently, the Centers for Disease Control and Prevention recommend an aggressive approach to managing potential human exposures to bats. Rabies treatment is recommended for these exposures after contact with a rabid or untestable bat:

* bites

* scratches

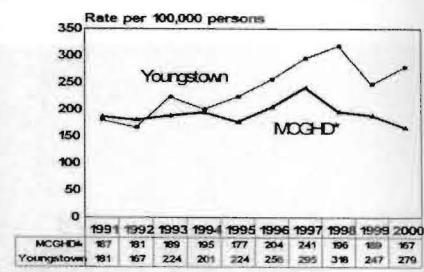
* saliva or nervous tissue in contact with a mucous membrane or an open break in the skin

Because persons can develop rabies without an apparent exposure, rabies treatment is also recommended when there is a reasonable probability of exposure under these circumstances:

- * a bat found in a room with a sleeping person
- * a bat found in a room with an unattended child
- * in some circumstances, a bat found in close proximity to an unattended child outdoors
- * a bat found in a room with an individual under the influence of alcohol or drugs or with other sensory or mental impairment

The District Board of Health provides vaccine and rabies immune globulin for medically indigent persons.

Figure 2: Animal Bites in Mahoning Co.



*Mahoning County General Health District (MCGHD) excludes Youngstown, Campbell and Struthers

Meningococcal disease

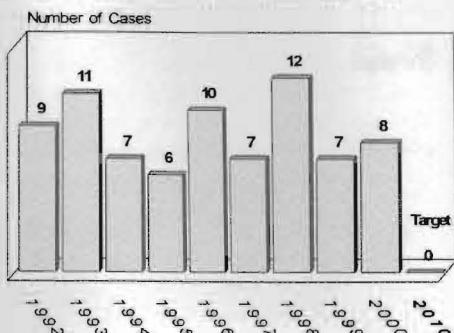
A 6-year-old Youngstown boy died of *Neisseria meningitidis* infection in May. Up to 5-10% of persons harbor *N. meningitidis* in their upper respiratory tracts but most never fall ill. A vaccine (Menomune) is available to prevent some strains of meningococcal disease, but neither the American Academy of Pediatrics nor the Centers for Disease Control and Prevention recommend routine immunization of children in this age group. Although members of the child's family and school class received prophylaxis with rifampin, this case did not generate the same level of public hysteria that followed the deaths of two West Branch High School students one year later. Clinicians can find guidelines for prophylaxis and treatment of meningococcal disease on our website at www.mahoning-health.org/reports.

Tuberculosis

Tuberculosis incidence increased in 2000 to 3.0 cases per 100,000 population. The District Board of Health has established a goal of reducing the incidence of disease to no more than 1 case in a million in 2010 (Figure 3). Of the 2,742 county residents screened for tuberculosis by Man-

toux test in 2000, 1.1 percent were infected with the tubercle bacillus.

Figure 3: Tuberculosis in Mahoning Co.



Disease reporting "warm line"

Physician offices can report communicable diseases, animal bites, and any unusual or suspicious disease observations 24 hours a day/7 days a week through the District Board of Health disease reporting "warm line" at 330-270-2855. Calls to the warm line will activate our Health Alert Network pager and duty personnel will respond appropriately. Disease reporting for hospital infection control practitioners is getting easier through the Ohio Disease Reporting System (ODRS). ODRS is a web-based system enabling laboratories and infection control practitioners to quickly share and update information about reportable diseases. Future plans for ODRS include granting access to the system to individual physicians.

"Class A" Reportable Diseases in Mahoning County, 2000

	MCGHD	Youngstown	Campbell	Struthers	Unknown	Total	Median Age	Age Range	% Male
Chlamydia					484	484	20-24	—	11
Gonorrhea					340	340	20-24	—	42
Salmonellosis	11	1			5	17	30	2 mos. - 82	41
Giardiasis	8	2			1	11	34	3-64	55
AIDS					10	10	30-39	—	90
Campylobacteriosis	7	3				10	30	1-71	60
HIV infection						10	30-39	—	70
Tuberculosis	3	5				8	54	5-80	50
Infectious meningitis		2			2	4	29	6-44	50
Listeriosis	2	1			1	4	68	60-88	50
Cryptosporidiosis	3					3	9	1-12	0
Hepatitis B	2	1				3	39	29-55	67
Aseptic meningitis	2					2	50	49-50	50
E. coli 0157:H7	2					2	34	7-60	50
Haemophilus influenzae (invasive disease)	2					2	68	66-70	100
Invasive Group A Streptococcal disease	2					2	58	41-75	100
Kawasaki disease	1	1				2	26	3-43	50
Streptococcal B in newborn	1			1		2	4 days	1-7	100
Syphilis					2	2	25-29	—	50
Animal rabies	1					1	—	—	—
Bacterial meningitis		1				1	48	—	100
Hepatitis A			1			1	20	—	0
Legionnaires' disease				1		1	61	—	0
Lyme disease		1				1	26	—	0
Primary encephalitis		1				1	7	—	100

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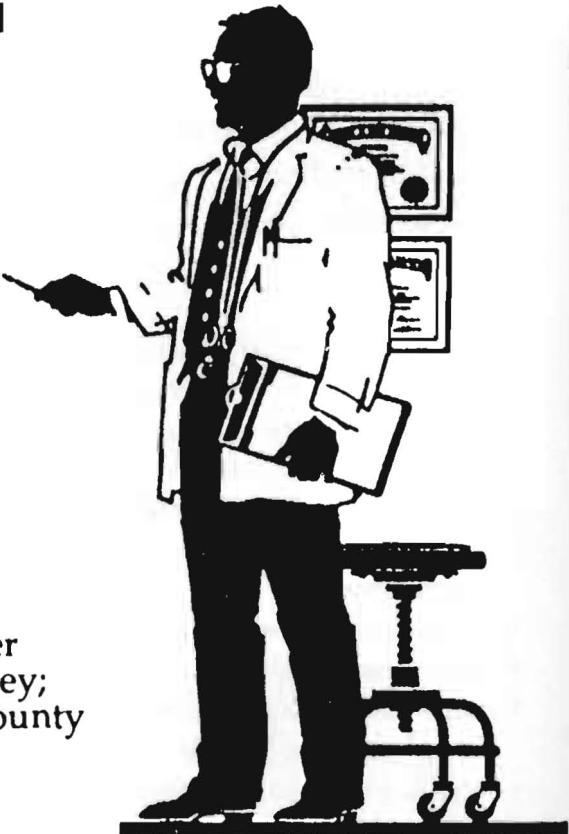


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Paisley House

AS I AMBLED TOWARDS THE HOUSE LOCATED ON 1408 MAHONING AVENUE, MY MOOD TRANSCENDED TO THE PERIOD of Dickens. I could not help but think this stately mansion once appeared to me long ago when I had read Great Expectations...or was it David Copperfield? Even the name Paisley House seems to belong in some Charles Dickens's novel. As I proceeded up the steps, the door gently and welcomingly opened—almost as if it had been patiently awaiting my arrival. A delicious aroma sifted through the opened door triggering olfactory nerve endings that intensified my salivations.

Audean Patterson, the home's executive director, greeted my arrival as two of the home's residents looked on. Their faces, etched with creases and hair grayed with the passage of time, spoke volumes of long and happy lives. A genuine smile and display of contentment conveyed happiness while experiencing the twilight of their lives at this residence called Paisley House.

Opened in 1910 for the sole purpose of providing a good home for aged women, it continues the mission into this millennium. Unlike other assisted living homes I have visited, Paisley House expounds warmth and a sense of homely comfort. As Ms. Patterson puts it, "We

strive to provide a family atmosphere." It is remarkably clean but not uncomfortably sanitary like hospitals or other assisted living facilities. Every woman has her own and personally decorated room with bathroom accommodations. Nurses, both registered and licensed practical, staff the facility 24 hours/day. Aides, cooks, housekeepers, and a maintenance man complement the administrative and medical team. A physician and podiatrist make routine visits as well as a licensed beautician. Even a minister conducts nondenominational services weekly.

Paisley House, a nonprofit organization, is administered by a volunteer Board of Trustees and provides a home for approximately twenty women. With a few minor exceptions, it is open to any woman over seventy years. Physicians may want to encourage some of their elderly female patients to look into this delightful facility. Their phone number is 330-799-9431.

As I departed the facility, I turned to gaze at the structure once more. Perhaps I saw this house in Oliver Twist...or was it the Pickwick Papers? Regardless, the charm and memory will always be imprinted somewhere in the deep recesses of my mind.

On The Cover

"MCMS N-E-W-S Vane"

An idea was given to Bert Katz's lovely and talented wife, Eleanor, who took pen in hand and created what I believe is a strikingly attractive cover for our *Bulletin*.

The letters N - E - W - S utilize the principle of the old weather vane which denotes the direction the wind may be blowing. The axis of the weather vane is depicted by the well-known pleximeter or reflex hammer which elicits nerve impulses. There is no better pointer for the weather vane than the surgeon's scalpel. From the medical department the electrocardiogram and jugular venous pulse wave on the graphic background represent the heart beat and pulse.

In other words, the *Bulletin* records the heart beat, pulse, and nerve impulse of the news of the Mahoning County Medical Society. The direction of the wind may vary from time to time. *Excerpted from the Bulletin, Vol. 34, No. 1, January 1964.*

Editor's Note: This cover was used from 1964 to 1988.

For Estate Planning, Make A List And Check It Twice

VERY FEW PHYSICIANS VIEW ESTATE PLANNING AS AN URGENT OR IMMEDIATE NEED. IN FACT, MOST PHYSICIANS initiate their estate plan prior to traveling abroad or from their deathbed. Yet without a properly structured estate plan, your heirs may be paying unnecessary estate taxes and probate fees that in many cases can be dramatically reduced or even eliminated. While financial planners can assist in determining the various goals, objectives and actual structure of the estate plan, you will ultimately need to engage the services of a qualified estate planning attorney in order to draft and implement your plan. Since attorneys bill for their time, being well prepared prior to the initial meeting can save substantial time, which translates to lower legal fees.

There are several topics to consider prior to meeting with the attorney who will be drafting the estate planning documents. For individuals with minor children, perhaps one of the most important and difficult decisions relates to choosing a guardian. You must consider who is best able to cope with raising your children. While your heart may tell you to select grandparents, be mindful of their age and ability to raise another family. Other options may include a sibling or a close friend. Factors to consider include: ages of the proposed guardians and the ages of their children, ages of your children and the number of them still minors, and the health and financial situation of all parties. It is also an excellent idea to decide on alternative choices, in the event your first choice is unwilling or unable to serve. If you name a married couple as guardians and one of them dies, consider if you want their surviving spouse to act as the sole guardian. The same decision should be made in the event that the guardians become divorced.

Another person to be selected for a role in your estate plan is the executor. It is the executor's responsibility, via the probate process, to handle the details of paying any debts of the estate, death taxes, as well as distributing the remaining assets to the beneficiaries named in

your will.

Prior to meeting with the attorney, be sure that you have made a list of all of your assets, including their values as well as how each asset is owned, either individually or jointly titled. This will allow the attorney to have a quick snapshot of the value of your estate as well as the level of probate exposure.

If you are going to use various trust strategies, you will need to name a trustee to manage investments and take care of issues relating to the trust, such as the various types of distributions that will be made. The trust can be an individual, or a corporate fiduciary, such as a bank trust company.

Another decision deals with the ages of your children at the time the estate is distributed. If you desire not to distribute assets outright, in a lump sum, to your children in the event of your and/or your spouse's death, the assets can be held in trust for their benefit. The ultimate distribution does not have to be made as a lump sum. Many prefer to make distributions of a portion of the estate at several different times; e.g., 1/3 at age 21, 1/3 at age 25, and 1/3 at age 30, or any other combination you feel works best for your children.

Lastly, you will need to make arrangements in the unlikely event that your children predecease the distribution of the estate. If this were to happen, decisions need to be made today as to who the ultimate beneficiaries will be, either other relatives, friends, or even charity.

While these issues are difficult and emotionally taxing to address, planning ahead will eliminate wasted time sitting in the attorney's office with the money clock ticking away.

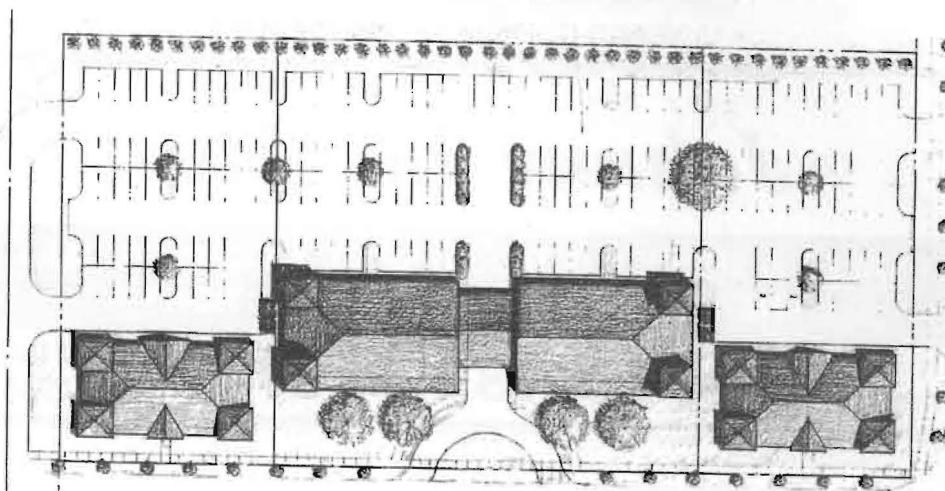
Mr. Blau welcomes readers' questions and comments. He can be reached at 800-883-8555 or email blau@mediquis.com.

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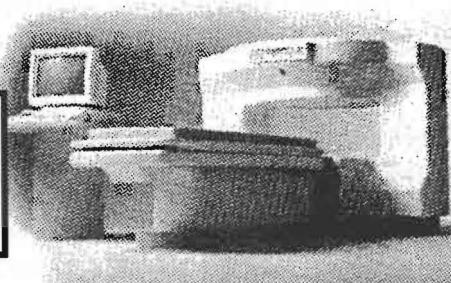
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August 19, 1914 — November 15, 2001

CARY S. PEABODY, MD

December 21, 1913 — January 12, 2002

HUGH N. BENNETT, MD

November 18, 1920 — January 15, 2002

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Beginnings

THE MAHONING COUNTY MEDICAL SOCIETY WAS FOUNDED ON NOVEMBER 13, 1872 WITH TEN PHYSICIANS AS MEMBERS and is the oldest organization of professional men in the city or county. Dr. Timothy Woodbridge, M.D., (1810-1893) the first native born physician in Youngstown, was elected the first president. He was re-elected six times holding office for a total of seven years, the longest term of any president.

In 1872 Youngstown was three quarters of a century old and was known as the most important settlement in the southern part of the Western Reserve as well as one of the important cities in the entire state. The doctors in active practice that year in the city of Youngstown totaled thirteen.

Milestones

Medicine began in Youngstown in 1801 with the arrival of its first doctor - Charles Dutton. Dr. Dutton came from Wallington, Connecticut at the age of 24 and was the township's only physician until the arrival of Dr. Henry Manning in 1811. Youngstown's third physician was Dr. Charles C. Cook who practiced from 1824 to 1863. Then followed a group of physicians who were to organize and operate Youngstown's first hospital. Youngstown Hospital, or Youngstown City Hospital, (as the first South Side Hospital was called) was founded in 1881 and opened its doors in 1883.

The Mahoning County Medical Society was only four months old when Dr. Helen Betts applied for membership. She was the pioneer woman doctor in Youngstown and most probably one of the first in the entire country. In 1873 she started the practice of medicine by sharing office space with Dr. Woodbridge. Dr. Betts was twenty-eight years old at the time and remained in Youngstown for only a few years.

Another physician of distinction was Dr. Carlos C. Booth. Dr. Booth was not only a physician, but a scientist, inventor and lecturer as well. He was the first doctor in the United States to use the automobile "horseless carriage" in the practice of medicine. Born in Trumbull County in 1882, Dr. Booth moved to Youngstown when

he was elected Mahoning County Coroner in 1888, for the 1888-1890 term, and practiced here until his death in 1928.

The "Bulletin" which has served to keep members of the Mahoning County Medical Society informed of current news concerning the Society and the medical community, was first published in 1931. Dr. James Lee Fisher, president of the Society in 1935, was known as the "father" of the publication.

The Mahoning County Medical Society moved into new offices at 1005 Belmont Avenue, Youngstown on September 1, 1958. Mr. Howard Rempes was hired that year as the first full-time Executive Secretary.

*Excerpted with permission from
A HISTORY OF MEDICINE IN YOUNGSTOWN AND
MAHONING VALLEY, OHIO
by John C. Melnick, M.D.*

The Mahoning County Medical Society headquartered at 1005 Belmont Avenue, Youngstown for 30 years until August of 1988 when the offices were relocated to 5104 Market Street, Boardman. The first female president of the MCMS, Dr. Jane F. Butterworth was elected in 1992. The Society moved to its current spacious location at 7355 California Avenue, Boardman in July of 1998.

2002 Membership Report

Membership Status

Active	283
Emeritus	86
Resident	46
	415



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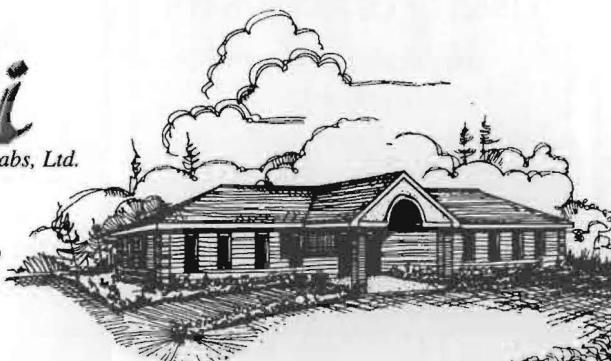
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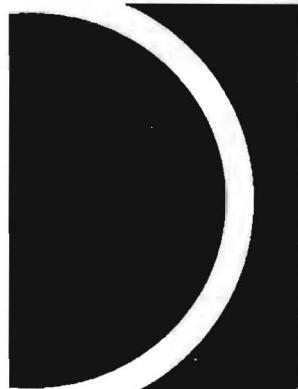
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